

**Gasior Declaration**

**Exhibit D**

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UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

SCOTT MAIONE and  
TASHA OSTLER

(List the full name(s) of the plaintiff(s)/petitioner(s).)

17CV 8106(JMF)

-against-

MEDICAL ANSWERING SERVICES,  
LLC, et al.

(List the full name(s) of the defendant(s)/respondent(s).)

**NOTICE OF APPEAL**

Notice is hereby given that the following parties: SCOTT MAIONE and  
TASHA OSTLER

(list the names of all parties who are filing an appeal)

in the above-named case appeal to the United States Court of Appeals for the Second Circuit

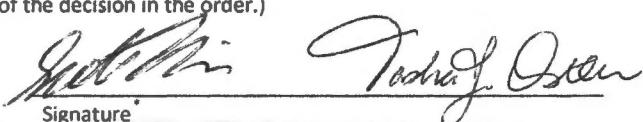
from the  judgment  order entered on: September 28, 2018  
(date that judgment or order was entered on docket)

that:

Defendants' motions to dismiss are granted and the  
Complaint dismissed in its entirety.

(If the appeal is from an order, provide a brief description above of the decision in the order.)

10/15/18  
Dated

  
Signature

MAIONE, SCOTT, A and  
Name (Last, First, MI)

OSTLER, TASHA J.

87 Shetland Drive, New City, NY 1056  
Address City State Zip Code

845-512-8314  
Telephone Number

osther@ao.com  
E-mail Address (if available)

\* Each party filing the appeal must date and sign the Notice of Appeal and provide his or her mailing address and telephone number, EXCEPT that a signer of a pro se notice of appeal may sign for his or her spouse and minor children if they are parties to the case. Fed. R. App. P. 3(c)(2). Attach additional sheets of paper as necessary.

Case 1:17-cv-08106-JMF Document 50 Filed 09/28/18 Page 1 of 1

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK  
-----X

SCOTT MAIONE, et al.,

Plaintiffs,

-against-

MEDICAL ANSWERING SERVICES, LLC, et al.,  
Defendants.

-----X

USDC SDNY  
DOCUMENT  
ELECTRONICALLY FILED  
DOC #  
DATE FILED: 9/28/18

17 CIVIL 8106 (JMF)

**JUDGMENT**

It is hereby **ORDERED, ADJUDGED AND DECREED:** That for the reasons stated in the Court's Memorandum Opinion and Order dated September 28, 2018, Defendants' motions to dismiss are granted and the Complaint is dismissed in its entirety; the Court declines sua sponte to grant Plaintiffs' leave to amend to address the defects in their claims; the Court certifies pursuant to 28 U.S.C. 1915(a)(3) that any appeal from the Memorandum Opinion and Order would not be taken in good faith, thus, in forma pauperis status is denied.

**Dated:** New York, New York  
September 28, 2018

RUBY J. KRAJICK

BY:  
Kmango

Clerk of Court  
Deputy Clerk

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UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

17 cv 8106 (JMF)

SCOTT MAIONE and

TASHA OSTLER

(List the full name(s) of the plaintiff(s)/petitioner(s).)

-against-

MEDICAL ANSWERING

SERVICES LLC, et al.

(List the full name(s) of the defendant(s)/respondent(s).)

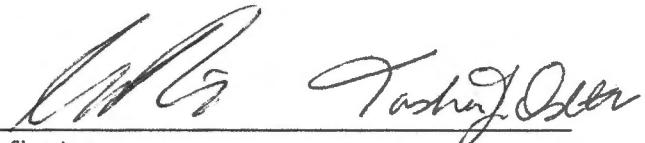
**MOTION FOR LEAVE TO  
PROCEED IN FORMA  
PAUPERIS ON APPEAL**

I move under Federal Rule of Appellate Procedure 24(a)(1) for leave to proceed *in forma pauperis* on appeal. This motion is supported by the attached affidavit.

10/15/18

Dated

Signature



MAIONE, SCOTT A

Name (Last, First, MI)

OSTLER, TASHA A. J

Address

City

State

Zip Code

87 Shetland Dr. New City, N.Y. 1056

Telephone Number

845-512-8314

E-mail Address (if available)

tashler@aol.com

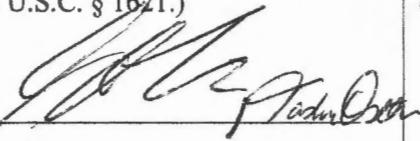
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Application to Appeal In Forma Pauperis

2018 OCT 23 AM 10:53

MAIONE, et al., v. MEDICAL ANSWERING SERVICES, LLC, et al.  
Appeal No. \_\_\_\_\_

District Court or Agency No. \_\_\_\_\_

<b>Affidavit in Support of Motion</b>  I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)   Signed: _____	<b>Instructions</b>  Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.  Date: _____ 10-15-18
---	---

My issues on appeal are: (required): *Reimbursement for medical travel related expenses. We respectfully believe that Judge Furman made an incorrect decision, and that we should be reimbursed for our family's medical travel expenses.*

1. *For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.*

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 0	\$ 0	\$ 0	\$ 0
Self-employment	\$ 0	\$ 0	\$ 0	\$ 0
Income from real property (such as rental income)	\$ 0	\$ 0	\$ 0	\$ 0

\* Family receives SSI & SNAP and is "categorically eligible" (under 100% of the FPL).  
-1-  
12/01/2013 SCC

Interest and dividends	\$ <i>NA</i>	\$ <i>NA</i>	\$ <i>NA</i>	\$ <i>NA</i>
Gifts	\$ <i> </i>	\$ <i> </i>	\$ <i> </i>	\$ <i> </i>
Alimony	\$ <i> </i>	\$ <i> </i>	\$ <i> </i>	\$ <i> </i>
Child support	\$ <i> </i>	\$ <i> </i>	\$ <i> </i>	\$ <i> </i>
Retirement (such as social security, pensions, annuities, insurance)	\$ <i> </i>	\$ <i> </i>	\$ <i> </i>	\$ <i> </i>
Disability (such as social security, insurance payments)	\$ <i>14</i>	\$ <i>14</i>	\$ <i> </i>	\$ <i> </i>
Unemployment payments	\$ <i> </i>	\$ <i> </i>	\$ <i> </i>	\$ <i> </i>
Public-assistance (such as welfare)	\$ <i>24</i>	\$ <i>24</i>	\$ <i> </i>	\$ <i> </i>
Other (specify):	\$ <i> </i>	\$ <i> </i>	\$ <i> </i>	\$ <i> </i>
<b>Total monthly income:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

1\* J.M. and M.M. receive \$756 each in SSI benefits.

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

2\* The family receives monthly SNAP benefits.

Employer	Address	Dates of employment	Gross monthly pay
<i>NA</i>			\$ <i> </i>
<i>NA</i>			\$ <i> </i>
<i>NA</i>			\$ <i> </i>

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
<i>NA</i>			\$ <i> </i>
<i>NA</i>			\$ <i> </i>
<i>NA</i>			\$ <i> </i>

4. How much cash do you and your spouse have? \$ 0

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
NA		\$	\$
NA		\$	\$
NA		\$	\$

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home	Other real estate	Motor vehicle #1
(Value) \$ <u>0</u>	(Value) \$ <u>0</u>	(Value) \$ <u>0</u>
Make and year:		
Model:		
Registration #:		

Motor vehicle #2	Other assets	Other assets
(Value) \$ <u>0</u>	(Value) \$ <u>0</u>	(Value) \$ <u>0</u>
Make and year:		
Model:		
Registration #:		

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
	\$ 0	\$ 0
	\$	\$
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support.

Name [or, if a minor (i.e., underage), initials only]	Relationship	Age
J.M.	child	7
M.M.	child	7
S.M.	child	5

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (including lot rented for mobile home)	\$	\$
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No	NA	NA
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$	\$
Home maintenance (repairs and upkeep)	\$	\$
Food	\$	\$
Clothing	\$	\$
Laundry and dry-cleaning	\$	\$
Medical and dental expenses	\$	\$

Transportation (not including motor vehicle payments)	\$ <u>NA</u>	\$ <u>NA</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u></u>	\$ <u></u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$ <u></u>	\$ <u></u>
Life:	\$ <u></u>	\$ <u></u>
Health:	\$ <u></u>	\$ <u></u>
Motor vehicle:	\$ <u></u>	\$ <u></u>
Other:	\$ <u></u>	\$ <u></u>
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ <u></u>	\$ <u></u>
Installment payments		
Motor Vehicle:	\$ <u>NA</u>	\$ <u>NA</u>
Credit card (name):	\$ <u></u>	\$ <u></u>
Department store (name):	\$ <u></u>	\$ <u></u>
Other:	\$ <u></u>	\$ <u></u>
Alimony, maintenance, and support paid to others	\$ <u></u>	\$ <u></u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u></u>	\$ <u></u>
Other (specify):	\$ <u></u>	\$ <u></u>
<b>Total monthly expenses:</b>	<b>\$ 0</b>	<b>\$ 0</b>

\* Monthly expenses Exceeds current income.

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

Yes

No

If yes, describe on an attached sheet.

10. Have you spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit?  Yes  No

If yes, how much? \$ \_\_\_\_\_

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

Our family's expenses exceed our income, which is only SSI. We are categorically eligible, as we currently receive a maximum SSI benefit.

12. Identify the city and state of your legal residence. We are unable to borrow

City New City State NY Money for this

Your daytime phone number: 845-512-8314

Purpose.

Your age: 45 Your years of schooling: NA

Last four digits of your social-security number: 2171



United States District Court  
Southern District of New York

Ruby J. Krajick  
Clerk of Court

Dear Litigant:

Enclosed is a copy of the judgment entered in your case. If you disagree with a judgment or final order of the district court, you may appeal to the United States Court of Appeals for the Second Circuit. To start this process, file a "Notice of Appeal" with this Court's Pro Se Intake Unit.

You must file your notice of appeal in this Court within 30 days after the judgment or order that you wish to appeal is entered on the Court's docket, or, if the United States or its officer or agency is a party, within 60 days after entry of the judgment or order. If you are unable to file your notice of appeal within the required time, you may make a motion for extension of time, but you must do so within 60 days from the date of entry of the judgment, or within 90 days if the United States or its officer or agency is a party, and you must show excusable neglect or good cause for your inability to file the notice of appeal by the deadline.

Please note that the notice of appeal is a *one-page* document containing your name, a description of the final order or judgment (or part thereof) being appealed, and the name of the court to which the appeal is taken (the Second Circuit) – *it does not include* your reasons or grounds for the appeal. Once your appeal is processed by the district court, your notice of appeal will be sent to the Court of Appeals and a Court of Appeals docket number will be assigned to your case. At that point, all further questions regarding your appeal must be directed to that court.

The filing fee for a notice of appeal is \$505 payable in cash, by bank check, certified check, or money order, to "Clerk of Court, S.D.N.Y." *No personal checks are accepted.* If you are unable to pay the \$505 filing fee, complete the "Motion to Proceed *in Forma Pauperis* on Appeal" form and submit it with your notice of appeal to the Pro Se Intake Unit. If the district court denies your motion to proceed *in forma pauperis* on appeal, or has certified under 28 U.S.C. § 1915(a)(3) that an appeal would not be taken in good faith, you may file a motion in the Court of Appeals for leave to appeal *in forma pauperis*, but you must do so within 30 days after service of the district court order that stated that you could not proceed *in forma pauperis* on appeal.

For additional issues regarding the time for filing a notice of appeal, see Federal Rule of Appellate Procedure 4(a). There are many other steps to beginning and proceeding with your appeal, but they are governed by the rules of the Second Circuit Court of Appeals and the Federal Rules of Appellate Procedure. For more information, visit the Second Circuit Court of Appeals website at <http://www.ca2.uscourts.gov/>.

THE DANIEL PATRICK MOYNIHAN  
UNITED STATES COURTHOUSE  
500 PEARL STREET  
NEW YORK, NY 10007-1312

THE CHARLES L. BRIEANT, JR.  
UNITED STATES COURTHOUSE  
300 QUARROPS STREET  
WHITE PLAINS, NY 10601-4150

MAILED

87 Sheldand Ave.  
New City, NY 10956

U.S. District Court (Southern District)  
Pro Se Unit  
500 Pearl St. Rm. 200  
New York, NY

2018 OCT 23 AM 10:53

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